#### BINGHAM MCCUTCHEN LLP

Ø002/002	
----------	--

PART B - FEE(S) TRANSMITTAL

NOV 1 7 2006

complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRICTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate PEE Instrument correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1. by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mulings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

CURRENT CORRESPONDENCE ADDRESS (Now: Use Black I for any change of address)

23639

7590

03/25/2006

BINGHAM, MCCUTCHEN LLP THREE EMBARCADERO CENTER 18 FLOOR

SAN FRANCISCO, CA 94111-4067

11/20/2006 MBELETE2 00000078 502518 10656063

01 FC:1501 1400.00 DA

300-00 DA 02 FC:1504

03 FC:8001 LICATION NO. 00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

Sheila Badon

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Delles.

0

CONFIRMATION NO.

(Denositor's name)

(Signature) (Date

10/656,063

09/05/2003

Hassan Mostafavi

8329

TITLE OF INVENTION: SYSTEMS AND METHODS FOR PROCESSING X-RAY IMAGES

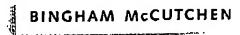
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUF	PREV. PAID ISSUE FEE	TOTAL FRE(S) DUE	DATE DUR	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/27/2006	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]			
SONG, HOON K 2882		378-098120	-				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or type data will appear on the part a substitute for filing on		dentified below, the docu	ment has been filed for	
(A) NAME OF ASSI				and STATE OR COUNT		•	
		chnologies, Inc.	Palo Alto	, California Individual 🍇 Corporat	ion or other private group	entity Government	
4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)     Advance Order - # of Copies			th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
a. Applicant clain	ntus (from status indicate as SMALL ENTITY state and Publication Fee (if req	us. See 37 CFR 1.27.		ger claiming SMALL EN'			
Authorized Signature Typed or printed name		of trou	d from anyone other than to coffice.		17, 2006		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a henefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.





# **Facsimile**

DATE: November 17, 2006

Bingham McCutchen LLP 1900 University Avenue East Palo Alto, CA 94303-2223

NAME Office of Patent Publication

571-273-2885

FAX

571**-**272-1000

PHONE

Mail Stop Issue Fee United States Patent and

Trademark Office

650.849.4400 650,849,4800 fax

FROM:

Sheila Badon

(650) 849-4800

(650) 849-4455

bingham.com

sheila.badon@bingham.com

Boston Hartford

Landan

Los Angeles

New York

Orange County San Francisco

Silicon Valley

Takva Walnut Creek Washington PAGES: (INCLUDING THIS COVER PAGE): 2

U.S. Patent Application Serial No. 10/656,063

SYSTEMS AND METHODS FOR PROCESSING X-RAY IMAGES Entitled:

Filed:

September 3, 2003

Docket No.: 2018721-7031422003

#### **MESSAGE:**

### Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Office of Patent Publication. Mail Stop Issue Fee at (

Dated: November 17, 2006

Name of Person Certifying: Printed Name

## Enclosed:

Part B- Issue Fees Transmittal (1 p).

For transmission problems, please call (650) 849-4825

The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. If you are neither the intended recipient(s) nor a person responsible for the delivery of this transmittal to the intended recipion(s), you are hereby notified that any unauthorized reading, distribution, copying or disclosure of this transmittal is prohibited. If you have received this transmittal in error, please notify us immediately at (same telephone number as in first paragraph - will duplicate) and return the transmittal to the sender. Thank you.

Timekeeper No:	27577	Client/Matter No:	2018721-7031422003	DATE/TIME STAMP		
Client/Matter Name:	Varian Medical Systems Technologies, Inc.					
Return To:	Sheila Badon		Floor No: 04			

PA/52192153.1/2018721-7031422003